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SAILORS' PERCEPTIONS OF THE NAVY'S HEALTH AND PHYSICAL
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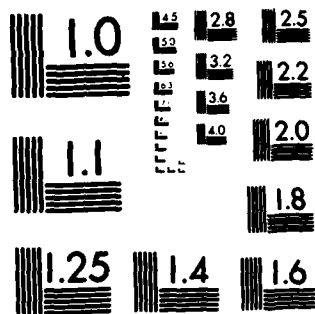
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SAILORS' PERCEPTIONS OF THE NAVY'S HEALTH AND PHYSICAL READINESS PROGRAM

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Sailors' Perceptions of the Navy's
Health and Physical Readiness Program

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TABLE OF CONTENTS

Summary	2
Background	4
Methods	4
Subjects	4
Measures	5
Results and Discussion	6
Who Provided Comments?	6
What Were the Comments?	8
Who Made Which Comments?	10
Implications and Future Research Directions	12
References	13
APPENDIX A	14
APPENDIX B	15

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Summary

The success of the Navy's Health and Physical Readiness (HAPR) program ultimately depends on the motivation of individuals to accept program goals and activities. If people do not know about the program, if activities are viewed as inadequate, if regulations seem unfair, and so on, the motivation of individuals to take active steps toward improving their physical readiness and lifestyle can be undermined. The purpose of this study was to gather such information indicating what naval personnel think about the HAPR program. This information could guide changes to improve program effectiveness.

Of 1,357 male shipboard personnel who filled out surveys about lifestyle habits and attitudes toward health and fitness, 776 provided one or more comments in response to four open-ended questions about the HAPR program--i.e., what they liked, disliked, wanted changed, and thought would improve the program. All comments were coded independently by three people who had 87% initial agreement. In cases of disagreement, discussion was held to reach a consensus on the best code, or the comment was coded as uninterpretable.

Three primary research questions were addressed: a) Were the people who provided comments representative of those who did not? This question concerns the generalizability of the comments. b) What types of comments were made? This question provides information indicating what people like, dislike, want changed, or think will improve the program. c) Did certain types of people make certain types of comments? This question asks whether there were subgroups of people who perceive program efforts differently and might be targets for special interventions.

To estimate the generalizability of the comments, three groups were compared: a) those who did not complete a lifestyle questionnaire, b) those who did complete a questionnaire but did not comment on the HAPR program, and c) those who completed a questionnaire and provided at least one opinion about the program. Although statistically reliable group differences were found for age, paygrade, education, and years in the Navy, the differences were quite small and accounted for 1% or less of the variance across groups. Furthermore, there were no statistically significant differences in physical readiness test performance across groups. These findings indicate that the individuals who provided comments about the HAPR program were not a unique group, and their comments are probably representative of the perceptions of other shipboard men.

Specific comments were grouped into two major categories: positive (18%) and critical (82%). The majority of the positive comments represented one of three types:

a) approving the HAPR program or some general aspect such as the required testing, the standards, or simply exercising, b) liking a specific exercise, such as running or swimming or weight-lifting, and c) thinking the program was good for self-improvement (e.g., gets people looking and feeling better; gets them in better shape).

The most frequent critical comments fell into one of four types: a) concern about the lack of time to exercise and a desire for exercise to be scheduled as part of the regular work routine, b) infrequent testing and lack of year-round emphasis on fitness, c) insufficient knowledge about the program, and d) lack of fair enforcement of standards and participation across all ranks.

Additional analyses to determine whether the people who made certain types of comments represented particular subgroups of people produced very few significant findings. Only one finding was particularly relevant for identifying potential subgroups for special interventions. People who responded with "What program?" when asked about the HAPR program were significantly younger and had fewer years in the service. Such individuals might be targeted when providing information about HAPR activities.

In conclusion, most comments, both positive and negative, indicate support of the general objectives of the HAPR program; even critical comments were directed primarily toward current program implementation rather than HAPR goals. Future research might evaluate the impact of changes in program implementation based on some of the criticisms offered by the shipboard personnel surveyed in this study.

Background

In the latter part of 1982, an instruction (OPNAVINST 6110.1B) from the Office of the Chief of Naval Operations established the Navy's Health and Physical Readiness (HAPR) program. This program was established in recognition of the need for active promotion of healthful lifestyles and reduction of health risks among naval personnel. The HAPR instruction emphasizes the need for strong command-level support of health and fitness programs for exercise, weight control/nutrition, smoking cessation, hypertension control, stress management, and substance abuse prevention. This instruction also sets minimum standards for physical fitness and body composition (percentage of body fat) which all naval personnel are required to meet on an annual physical readiness test.

As recognized in the HAPR instruction: "Physical readiness to perform cannot be developed by directive. It can only be developed by personal motivation." The instruction therefore stresses the importance of good leadership by example, personal encouragement, and incentives whenever possible to enhance the development and maintenance of physical readiness and healthful lifestyles among naval personnel. Meeting long-term HAPR program goals will depend largely on the effective implementation of health and fitness activities at the command level. Command-level programs and activities are emphasized because they are likely to have the most direct impact on individuals by providing encouragement and enhancing motivation to improve physical fitness and reduce health risks.

Because the success of the HAPR program ultimately depends on the motivation of the individual to accept program goals and activities, it is important to assess how individuals perceive the program. For example, if people don't know about the HAPR program, if activities are viewed as inadequate, or if program regulations seem unfair, the motivation of individuals to take active steps toward improving their physical fitness and lifestyle can be undermined. The purpose of this study was to gather comments from naval personnel indicating what they thought about the HAPR program--i.e., what they liked, disliked, wanted changed, and thought would improve the program. Such grass-roots perceptions about the program should help managers see how the program is perceived in the fleet so that changes can be made to improve program effectiveness.

Methods

Subjects

As part of a larger study examining baseline levels of physical readiness among male shipboard personnel (Conway & Dutton, 1985), 1,357 individuals filled out

self-report surveys asking about various lifestyle habits and attitudes toward health and fitness. Of these, 776 provided one or more comments in response to four open-ended questions about the HAPR program. The men who completed these surveys were part of a larger group of 4,323 shipboard personnel included in the baseline study of physical readiness test performance. They were stationed aboard 10 Navy ships whose home port was San Diego. These 10 ships were part of a subgroup of 23 San Diego-based ships asked to participate if scheduling of their annual physical readiness testing coincided with the study's data collection phase (January through October, 1984). The ship types included one aircraft carrier, one cruiser, two frigates, three destroyers, and three amphibious warships. No female sailors were included in this study because only 3 of 90 San Diego-based ships (as indicated in a July, 1983 listing) had women assigned to them, and none of these ships became part of the group studied.

The average age of the shipboard sample was 25.4 years ($SD = 5.95$) with a range from 17-51 years of age. The median paygrade was E-4. Enlisted personnel comprised 94% of the sample, which is slightly higher than the 88% found in the Navy at large (Naval Military Personnel Command, 1984).

Measures

Primary measures were participants' written responses to four open-ended questions in the survey: a) Are there things about the Health & Physical Readiness program that you particularly like? b) Are there things about the Health & Physical Readiness program that you particularly dislike? c) Is there anything about the Health & Physical Readiness program that you would like changed? and d) What would you do to improve the Health & Physical Readiness program? An initial coding scheme was developed based on a general review of the types of responses given. This coding scheme was modified during the actual coding process when new categories of responses were encountered in an attempt to keep response categories as discrete as possible.

All responses were coded independently by three people. There was initial agreement on the coding of approximately 87% of the comments. When there was disagreement among the coders, the respondent's comment was discussed until a consensus was reached as to the best code; otherwise the response was coded as "uninterpretable."

To assess whether there were important differences in the types of people who made certain comments, other variables were examined including age, paygrade, years of schooling, years in the Navy, and HAPR test performance. HAPR test performance consisted of age-adjusted classification ratings on a 6-point scale from "Fail" [0] to "Outstanding" [5] on five test components: a) 1.5-mile run, b) 2-minute sit-ups test, c) sit-reach flexibility test, d) estimate of percent body fat, and e) overall rating,

set equivalent to the lowest rating on any of the above four tests (see Conway & Dutton, 1985 for a more detailed description of the HAPR tests).

Results and Discussion

Analyses were conducted to address three primary questions: a) Who provided comments about the HAPR program? b) What were the comments? and c) Who made which types of comments? The first question is important for predicting the generalizability of responses. If individuals who volunteered to fill out a questionnaire and provide comments about the HAPR program are very dissimilar from those who did not, generalizing the comments beyond the subgroup of individuals providing comments would be less reasonable.

The second question asks what types of perceptions people have about the HAPR program. Such information can point to problem areas which might be targets for improvements, and to good areas which might be expanded to improve the overall quality of the HAPR program.

The third question addresses the issue of whether there are subgroups of individuals who perceive HAPR program efforts differently. Such information again might be useful for targeting certain subgroups for interventions or specifying areas for program improvements.

Who Provided Comments?

Characteristics for the entire shipboard sample, irrespective of whether they completed a lifestyle survey, were examined to assess whether the people who provided comments about the HAPR program were representative of shipboard personnel who did not provide comments. Three groups were compared: a) those who did not complete a questionnaire, b) those who did complete a questionnaire but did not provide comments about the HAPR program, and c) those who filled out a questionnaire and provided at least one statement reflecting an opinion about the HAPR program.

Mean differences across groups were assessed by computing analyses of variance. Post hoc group comparisons were made using Scheffe's test with the significance level set at $p < .005$ to ensure an experiment-wide error rate of $p < .05$ when nine variables were examined. Table 1 summarizes the results of these analyses.

Although years of schooling and years in the Navy were available only for those who filled out a questionnaire, the pattern of results was consistent with that for age and paygrade. Individuals who gave their opinions about the HAPR program tended to be older, in a higher paygrade (i.e., more likely to be an officer or senior enlisted), better educated, and to have been in the service longer. These results suggest that people who were more likely to take the time and effort to comment on a Navy program

tended to be in more responsible positions in the organization, either through longevity with the service (i.e., older individuals who had been in the Navy longer and had worked their way up to a higher paygrade) or because they entered the organization at a higher level (i.e., individuals with higher education who were more likely to be officers). It should be noted that, although statistically reliable, the sizes of the group differences for these demographic measures were quite small. The largest amount of variance accounted for by groups was 1% (paygrade).

Table 1
Comparisons between Three Groups of Shipboard Personnel

Measure	Group (1) No Question- naire	Group (2) Q'naire, No Comments	Group (3) Q'naire, Plus Comments	F-Ratio	% Vari- ance ^b
<u>Demographics</u>					
Age	25.1 (5.8)	25.2 (6.0)	26.6 (6.3)	17.6 ^c	0.8
Paygrade	4.7 (3.0)	4.6 (2.7)	5.5 (3.6)	21.1 ^c	1.0
Years of Schooling	--- ---	12.4 (1.3)	12.7 (1.6)	8.2 ^d	0.7
Years in Navy	--- ---	5.3 (5.2)	6.4 (5.6)	11.0 ^d	0.9
<u>HAPR Ratings</u>					
1.5-Mile Run	3.0 (1.1)	2.8 (1.1)	3.0 (1.2)	3.4 ns	0.2
Sit-Ups	2.7 (0.9)	2.6 (0.9)	2.7 (0.9)	4.0 ns	0.2
Sit-Reach	4.4 (1.2)	4.2 (1.4)	4.4 (1.0)	5.7 ns	0.3
% Body Fat	3.6 (1.7)	3.6 (1.6)	3.6 (1.6)	0.0 ns	0.0
Overall	2.0 (1.2)	1.9 (1.2)	2.1 (1.2)	3.6 ns	0.2

^a Entries for the three groups are means with standard deviations in parentheses. Group sizes ranged from 2,781-2,948 for Group (1), 395-586 for Group (2), and 488-707 for Group (3).

^b Percent of variance accounted for is based on the eta-squared and represents the amount of variance in the demographic variables or HAPR ratings that can be accounted for by group differences.

^c Group (3) is significantly ($p < .005$) higher than Groups (1) and (2).

^d Group (3) is significantly ($p < .005$) higher than Group (2); data were not available for Group (1).

ns Groups were not significantly different from each other at $p < .005$. This level of significance was set to ensure an experiment-wide error rate of $p < .05$ with multiple comparisons.

There were no group differences in performance on the physical readiness tests. This finding, in conjunction with the very small demographic differences, suggests that the people providing comments were not a markedly unique group and their perceptions of the HAPR program are likely to be representative of other shipboard men.

What Were the Comments?

To summarize the types of comments made in response to the four open-ended questions about the HAPR program, the comments were grouped into two major categories: a) positive comments, primarily indicating what people said they liked about the program, and b) "critical" comments, including statements about what they disliked, wanted changed, or thought should be done to improve the program. As will be shown below, comments classified as critical often were constructive criticisms aimed at improving program implementation without being negative toward program goals. Classification as a critical comment should not, therefore, be interpreted as necessarily implying anti-HAPR sentiments. Of the 2,131 comments, 383 (18%) were classified as positive and 1,748 (82%) as critical. On the average, people made slightly less than one positive comment per person (0.87 item) and 2.5 critical comments per person. The greater number of critical comments is partly because there were three open-ended questions inviting criticisms but only one question inviting positive comments.

Table 2 summarizes the five most frequent types of positive comments people provided. By far the most common was a general statement approving the HAPR program or some basic aspect of the program such as the required testing, the standards, or simply exercising. The next most frequently mentioned type of positive comment indicated a liking for a specific exercise; people would mention that they particularly liked running or swimming or weight-lifting, etc. The third most frequent positive remark was that the HAPR program was good for self-improvement--i.e., helped people feel better, look better, and get in better shape. These first three categories comprised a majority of the positive comments (60%).

Table 3 summarizes the ten most frequent criticisms people made about the HAPR program. By far the most common complaint was the lack of time for exercising. People making this type of comment often suggested that exercise should be scheduled as part of the regular work routine if the Navy were truly serious about getting all troops physically fit.

The next most frequently made criticism concerned the requirement of only a yearly HAPR test. A single annual test was perceived by many as providing inadequate motivation for maintaining a high level of physical fitness year-round. A common

Table 2
POSITIVE COMMENTS ABOUT THE HAPR PROGRAM

<u>RANK</u>	<u>COUNT</u>	<u>PCT OF RESP.</u>	<u>PCT OF CASES</u>
1 General statement approving the HAPR program, fitness testing, test standards, or exercising.	125	32.6	27.8
2 Likes specific exercises (e.g., running, swimming, weight-lifting, etc.).	61	15.9	13.6
3 Makes people feel better, look better, and get in better shape.	44	11.5	9.8
4 Likes weight control and exercise programs.	21	5.5	4.7
5 Raises awareness and gives feedback re health, fitness, and weight control.	19	5.0	4.2
o Miscellaneous comments (see Appendix A for a complete list of positive comments).	88	23.0	19.6
o Uninterpretable/extraneous comment.	<u>25</u>	<u>6.5</u>	<u>5.6</u>
TOTAL RESPONSES	383	100.0	85.3
450 VALID CASES			

perception was that many people simply do the minimum necessary to pass the annual test and then forget about fitness for the rest of the year. These respondents wanted more frequent testing (e.g., at least twice a year or maybe quarterly) with an ongoing fitness program between tests.

The third most frequently made negative response was "What program?" Many of these people commented that the only HAPR activity they knew of was the annual test. Again, one fitness test a year was not perceived as constituting a program.

The fourth most common complaint referred to the lack of fair enforcement of standards and participation in the program across all ranks. People making this type of comment felt that some officers and senior enlisted personnel receive preferential treatment when it comes to taking (or not taking) the HAPR annual test and that nothing happens to them if they do not meet the minimum standards. These respondents think that senior personnel should set better examples for junior personnel by actively participating in HAPR activities and maintaining high levels of physical fitness. A related comment (eighth most frequently made) was that not enough was done, in terms of follow-up and monitoring, to ensure that those who failed to meet HAPR standards show improvement over time.

Of the 10 most frequently made criticisms, which comprised 60% of the negative comments, only two were actually negative toward the HAPR program per se or its goals: one was a statement disapproving of or questioning the value of the program, its tests,

or exercising in general (fifth most frequent); the other reflected resentment of forced participation in HAPR activities and/or the annual test, and indicated a preference for voluntary exercising, weight control, etc. (seventh most frequent). The other eight comments were generally in accord with HAPR program goals but were critical of how the program was being implemented.

Table 3

CRITICAL COMMENTS ABOUT THE HAPR PROGRAM:
DISLIKES, DESIRED CHANGES, SUGGESTED IMPROVEMENTS

<u>RANK</u>	<u>COUNT</u>	<u>PCT OF RESP.</u>	<u>PCT OF CASES</u>
1 Need time to exercise; make exercise part of regular work routine.	275	15.7	37.7
2 Need more frequent testing; should have year-round emphasis on fitness.	168	9.6	23.0
3 What program? No program other than an annual test; should start a program.	161	9.2	22.1
4 Need fair enforcement of standards across all ranks; everyone in command should participate in program; officers and senior enlisted should provide better examples.	126	7.2	17.3
5 General statement disapproving or questioning value of HAPR program, HAPR tests, or exercising.	86	4.9	11.8
6 Get more equipment; need better and more accessible facilities.	69	4.0	9.5
7 Exercise, fitness, and weight control should be voluntary; resent forced participation.	69	4.0	9.5
8 Not enough done to ensure improvement in those who need it; need better monitoring and follow-up enforcement of standards.	56	3.2	7.7
9 HAPR test standards should be stricter.	54	3.1	7.4
10 Dislike the 1.5-mile run; swimming should be an alternative test.	51	2.9	7.0
o Miscellaneous comments (see Appendix B for a complete list of critical comments).	516	29.5	70.7
o Uninterpretable/extraneous comment.	<u>117</u>	<u>6.7</u>	<u>16.0</u>
TOTAL RESPONSES	1748	100.0	239.7
730 VALID CASES			

Who Made Which Comments?

Additional analyses were done to determine whether the people who made certain types of comments represented particular subgroups of people. For the five most frequently made positive comments and the 10 most frequently made critical comments, t-tests were computed to compare those who made a particular type of comment with those who did not. Analyses were restricted to the most frequently made comments so that

subgroups were sufficiently large for comparison. Comparison variables included the four demographic variables and the five HAPR classification test scores described above. Again, because multiple comparisons were made, the probability level for significance was set at the more conservative $p < .01$.

There were only six significant comparisons between people who made specific critical comments about the HAPR program and those who did not. Those commenting on the need for more frequent testing and year-round emphasis on fitness (second comment) had significantly more years in the service ($p < .007$). These individuals also tended to be older and be in higher paygrades. This suggests that more senior personnel perceive the need for activities that promote physical fitness throughout the year, and they think more frequent HAPR testing would facilitate this goal.

People who responded "What program?" (third comment) were significantly younger ($p < .002$) and had fewer years in the service ($p < .002$). These findings indicate that junior personnel would be good targets for more specific information about the HAPR program and its goals.

The criticism regarding implementation of program activities and standards across all ranks (fourth comment) was made by people who scored higher on the 1.5-mile run test ($p < .008$). Because the better runners were likely to be individuals who exercise more regularly, they were possibly more sensitive to observing that not everyone in the command was performing according to HAPR program guidelines.

The criticism that there is not enough follow-up to ensure physical readiness improvement (eighth comment) was made by leaner individuals who had higher classification ratings for percent body fat ($p < .008$). These respondents might have been more sensitive to the observation that although their overweight and out-of-shape coworkers did more poorly on the HAPR tests, they did not seem to modify their behaviors to improve their physical readiness.

Finally, those who criticized the 1.5-mile run test (tenth comment) showed significantly poorer performance on the 1.5-mile run ($p < .002$). Some of these people suggested that a swim test should be allowed as an alternative to the run test. In fact, the Navy now allows a 500-yard swim test as an alternative to the 1.5-mile run (see OPNAVNOTE 6110 of 13 August 1984).

Only one of the comparisons between people who made a specific positive comment and those who did not produced a significant difference. Those who remarked that the HAPR program makes people feel and look better (third comment) performed better on the sit-reach flexibility test ($p < .001$). There is no obvious interpretation or implication of this finding, and it may be a chance result.

Implications and Future Research Directions

These findings provide an indication of how naval personnel perceive the Health and Physical Readiness program. The majority of the comments, both positive and critical, indicate that personnel support the general objectives of the HAPR program. Most critical comments were directed toward current program implementation rather than program goals.

By far the most common comment reflected the perceived lack of time naval personnel feel they have to spend on exercise. Many suggested that an exercise period should be scheduled as part of the regular work routine, except during special times when operational demands prohibit such scheduling. A common argument was that if the Navy is "really serious" about maintaining physically fit personnel, the mechanism for developing such personnel should be part of the job.

Other frequently expressed sentiments reflected the desire for a year-round emphasis on physical readiness which would apply equally to personnel across all ranks. A single yearly fitness test is not perceived as adequate, especially when this single test is the only indication to some people that a "program" exists. Also, for the HAPR program to really work as intended in the original OPNAV instruction, it needs to be applied to everyone. Junior personnel are less likely to take the program seriously when they see senior enlisted and officers managing to avoid taking the HAPR tests or failing to meet minimum standards with impunity. This leads to the perception that HAPR program standards are applied selectively and punitively for reasons other than the stated objectives for physical readiness.

Because most critical comments reflected criticisms of program implementation rather than program goals, future research might evaluate changes in program implementation at selected sites to determine the impact on program objectives. For example, a study could be designed to evaluate commands which have scheduled regular exercise periods as part of the work week in which all personnel are expected to participate, including senior officers and enlisted. Such pilot studies designed to address the types of criticisms expressed by individuals in this study could provide valuable tests of ways to improve the HAPR program and better meet its goals.

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APPENDIX A

POSITIVE COMMENTS ABOUT THE HAPR PROGRAM

<u>RANK</u>		<u>COUNT</u>	<u>PCT OF RESP.</u>	<u>PCT OF CASES</u>
1	General statement approving the HAPR program, fitness testing, test standards, or exercising.	125	32.6	27.8
2	Likes specific exercises (e.g., running, swimming, weight-lifting, etc.).	61	15.9	13.6
3	Makes people feel better, look better, and get in better shape.	44	11.5	9.8
4	Likes weight control and exercise programs.	21	5.5	4.7
5	Raises awareness and gives feedback re health, fitness, and weight control.	19	5.0	4.2
6	Appreciates Navy/command showing concern regarding health, fitness, and weight control.	18	4.7	4.0
7	Likes available exercise equipment and access to facilities and equipment.	12	3.1	2.7
8	Makes overweight/unfit people improve so they do their jobs better or gets them out of the Navy.	11	2.9	2.4
9	Likes command-allotted time to exercise.	10	2.6	2.2
10	Likes NHRC's "lifestyle" survey.	10	2.6	2.2
11	Likes having fitness and weight standards and program activities that apply to <u>all</u> personnel, regardless of rank.	9	2.3	2.0
12	Likes social and competitive aspects of command exercise activities.	8	2.1	1.8
13	Good command fitness coordinator; good program leadership.	3	.8	.7
14	Likes voluntary exercising/exercising at own pace.	3	.8	.7
15	Likes the percent body fat assessment.	3	.8	.7
16	Likes availability of low-calorie foods and information about nutrition, calories, etc.	1	.3	.2
o	Uninterpretable/extraneous comment.	<u>25</u>	<u>6.5</u>	<u>5.6</u>
TOTAL RESPONSES		383	100.0	85.3
450 VALID CASES				

APPENDIX B

CRITICAL COMMENTS ABOUT THE HAPR PROGRAM: DISLIKES, DESIRED CHANGES, SUGGESTED IMPROVEMENTS

<u>RANK</u>		<u>COUNT</u>	<u>PCT OF RESP.</u>	<u>PCT OF CASES</u>
1	Need time to exercise; make exercise part of regular work routine.	275	15.7	37.7
2	Need more frequent testing; should have year-round emphasis on fitness.	168	9.6	23.0
3	What program? No program other than an annual test; should start a program.	161	9.2	22.1
4	Need fair enforcement of standards across all ranks; <u>everyone</u> in command should participate in program; officers and senior enlisted should provide better examples.	126	7.2	17.3
5	General statement disapproving or questioning value of HAPR program, HAPR tests, or exercising.	86	4.9	11.8
6	Get more equipment; need better and more accessible facilities.	69	4.0	9.5
7	Exercise, fitness, and weight control should be voluntary; resent forced participation.	69	4.0	9.5
8	Not enough done to ensure improvement in those who need it; need better monitoring and follow-up enforcement of standards.	56	3.2	7.7
9	HAPR test standards should be stricter.	54	3.1	7.4
10	Dislike the 1.5-mile run; swimming should be an alternative test.	51	2.9	7.0
11	Need more accessible and more <u>effective</u> weight control and exercise programs <u>which produce</u> improvements, rather than simply penalizing or threatening those who fail.	37	2.1	5.1
12	Change body fat measurement.	37	2.1	5.1
13	Need better organization of HAPR program; better standardization and more consistency in programs.	37	2.1	5.1
14	Should have more variety in available exercise programs.	34	2.0	4.7
15	Should have more competition among divisions, departments, and commands through organized sports, weight loss, and training programs; more group exercise activities.	33	1.9	4.5
16	Add push-ups/pull-ups/calesthenics/other exercises as part of the HAPR test.	33	1.9	4.5
17	Need more emphasis, information, and specific programs on health, fitness, weight control, good diet, etc.	32	1.8	4.4
18	Change available food and its preparation; too much high calorie greasy and sugary food; too little appealing low calorie food; should provide information on calories and nutrients of food.	31	1.8	4.2

19	Need more command support and top-level participation in HAPR activities.	30	1.7	4.1
20	Exercise, nutrition, and weight control programs should be available to all, not just the overweight.	29	1.7	4.0
21	Stop threats and penalties for not passing the HAPR standards, especially if people do their jobs well.	28	1.6	3.8
22	Dislike NHRC's "lifestyle" survey.	24	1.4	3.3
23	Drop or replace the sit-reach test.	20	1.2	2.7
24	Ensure adequate preparaton prior to the physical readiness testing.	18	1.0	2.5
25	Lack of Navy sensitivity to problems associated with maintaining exercise programs onboard ships.	17	1.0	2.3
26	Personnel running tests and programs should be qualified and knowledgeable about diet and exercise.	14	.8	1.9
27	Ought to have a program like the Army, Marines, or Air Force.	13	.7	1.8
28	Should add more awards/incentives to program.	13	.7	1.8
29	Need to change attitudes toward the HAPR program, exercise, and health.	13	.7	1.8
30	Should include health/medical exams, especially prior to testing older, overweight, or out-of-shape people; modify testing for people over 40 years old.	13	.7	1.8
31	Add stop smoking programs and smoking restrictions in work areas.	5	.3	.7
32	Change sit-ups test.	4	.2	.5
33	Add blood pressure measurement to the HAPR testing.	1	.1	.1
o	Uninterpretable/extraneous comment.	<u>117</u>	<u>6.7</u>	<u>16.0</u>
TOTAL RESPONSES		1748	100.0	239.7
730 VALID CASES				

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19. KEY WORDS (Continue on reverse side if necessary and identify by block number) Navy Fitness Program Sailors' Perceptions		
20. ABSTRACT (Continue on reverse side if necessary and identify by block number) The purpose of this study was to gather information indicating what Navy personnel think about the Health and Physical Readiness (HAPR) program. This information could guide changes to improve program effectiveness. Of 1,357 male shipboard personnel who completed lifestyle surveys, 776 provided comments about what they liked, disliked, wanted changed, and thought would improve the program. Analyses comparing individuals who provided comments with those who did not on demographic and HAPR performance measures indicated that those who made comments are probably representative of other shipboard men. Responses		

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7 were grouped into two major categories: positive and critical. Most positive comments represented one of three types: a) approval of the HAPR program or some general aspect (e.g., required testing, the standards, exercising), b) liking a specific exercise (e.g., running, swimming, weight-lifting), and c) thinking the program was good for self-improvement (e.g., gets people looking and feeling better; gets them in better shape). The most frequent critical comments fell into one of four types: a) concern about the lack of time to exercise and desire for exercise to be scheduled into the regular work routine, b) infrequent testing and lack of year-round emphasis on fitness, c) lack of knowledge about the program, and d) lack of fair enforcement of standards and participation across all ranks. One finding particularly relevant for identifying a subgroup for special intervention was that those who had not heard about the HAPR program were significantly younger and had fewer years in the Navy. Overall, most comments, both positive and critical, indicated support of the general objectives of the HAPR program; even critical comments were directed primarily toward current program implementation rather than HAPR goals.

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